

# PURCHASE ORDER

## KING COUNTY INTERNATIONAL AIRPORT

6518 ELLIS AVENUE SOUTH  
P.O. BOX 80245  
SEATTLE  
USA  
Ph: 296-7380/7390  
Fax: 296-0190

WA 98108

<b>P.O. #</b> 006169	<b>Release #</b> 0
1	<b>Printed on</b> 2/28/2000

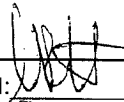
<b>VENDOR</b> SAFETY KLEEN SAFETY KLEEN CORP. BOX 1800  ELGIN IL 60121  <b>Contact:</b> DAVID VAN GEISON <b>Ph:</b> (253) 939-2022 <b>Fax:</b>	<b>SHIP TO</b> KING COUNTY INTERNATIONAL AIRPORT  7233 PERIMETER ROAD P.O. BOX 80245 SEATTLE WA 98108 USA <b>Ph:</b> 296-7380/7390	<b>Order date</b> 2/28/2000
		<b>Payment Terms:</b>
		<b>Freight Terms :</b>
		<b>Ship Via :</b>
<b>INVOICE TO</b>	<b>CONFIRM TO</b> KING COUNTY INTERNATIONAL AIRPORT  7233 PERIMETER ROAD P.O. BOX 80245 SEATTLE WA 98108 USA	<b>Shipping Terms :</b>

Item	Qty Unit	Item # Invy Type Acct Code	Vendor Item # Description Spec	Unit Cost	Total
1	1.00	WASTE DISPOSAL		\$86.93	\$86.93

2/22/2000 53545

DISPOSE OF PARTS CLEANING SOLVENT FROM AUTO SHOP  
ORG UNIT - 1768, ACCT - 53545, TASK - 213, OPTION - 103

<b>Subtotal :</b>	86.93
<b>Tax:</b>	0.00
<b>Shipping :</b>	
<b>Misc :</b>	
<b>Order Total:</b>	86.93

Approval: 

Date: 2-28-00



0 0 0 0 - 0 1 0 2 - 0 0

GENERATING CO AIRPORT  
1700 BULLIS AVE S  
SEATTLE WA 98108

8000-7881-13  
KING COUNTY INTL AIRPORT  
1700 BULLIS AVE S  
SEATTLE WA 98108

FOR SERVICE CALL	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERRITORY	REFERENCE NUMBER
157 939-2022	JOHNNY STEVENS	04/15/00	00-77	01	0001654724
CUSTOMER PHONE #			TAX CODE	HANDLING CODE	ASSOC. CODE
8000-7881-13			48-085-7435	PM	
CUSTOMER P.O. NUMBER			SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
200-276-2390			0.086	0.086	0.086
SERVICE DATE	SALES REP NO.	SERIAL NUMBER	REMARKS	QUAN.	CHARGE
02-00	25016	0003554961	PO EA	1	40.05
TOTAL CHARGE 36.51					
SALES TAX 6.88					
WASTE MIN. 0.00					
SOLVENT/DRUMS 91 304					
CHANGE SERVICE TERM (WEEKS/INITIAL)					
CHANGE INVT CODE					
PROMO NO.					
MACHINE PROPERLY GROUNDED					
LOCAL PHONE NO. STICKER					
APPLIED TO MACHINE					
SPENT SOLVENT MEETS					
ACCEPTANCE CRITERIA					
1. CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES.					
0 TO 220 LBS/MONTH					
220 LBS. TO 2,200 LBS/MONTH					
GREATER THAN 2,200 LBS/MONTH					
INITIALS					
INITIALS					
INITIALS					

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN SYSTEMS, INC.	USA EPA ID NO.	03091576124	STATE ID NO.	
16540 SE 130TH AVE BLDG B	CLACKAMAS				
PAYMENT SECTION	CASH	CHECK NUMBER	TOTAL RECEIVED	APPLY PAYMENT TO:	
				TODAY'S SERVICE/SALE	
				PREVIOUS BALANCE AS FOLLOWS	
		INVOICE #	AMOUNT \$	INVOICE #	AMOUNT \$
PREVIOUS CREDIT CARD NO.					
CREDIT CARD NO.					
EXP. DATE					
CUSTOMER REFERENCE INFORMATION					
TOTAL SERVICE/PRODUCTS					
USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.		
IL0904900202	HA0900706048	80.05	6.78	86.73	0.00
11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)					
WASTE COMBUSTIBLE LIQUID, N.O.S. (PET-ROLEUM NAPHTHA)					
NA1993 PG11 (ERG128) 6.7LBS/GAL (0001,001A,0027,0040)					
TOTAL CHARGE 36.51					
SALES TAX 6.88					
WASTE MIN. 0.00					
SOLVENT/DRUMS 91 304					
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CHANGE INVT CODE					
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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039 Expires 9-30-99

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>WAD980986248</b>		Manifest Document No. <b>54726</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address <b>KING CO AIRPORT 6518 ELLIS AVE S SEATTLE WA 98108</b>						A. State Manifest Document Number			
4. Generator's Phone ( <b>206</b> ) <b>296-7090</b>						B. State Generator's ID			
5. Transporter 1 Company Name <b>SAFETY-KLEEN SYSTEMS, INC</b>				6. US EPA ID Number <b>ILD984408202</b>		C. State Transporter's ID			
7. Transporter 2 Company Name <b>SAFETY-KLEEN (TG), INC.</b>				8. US EPA ID Number <b>SCRC00074591</b>		D. Transporter's Phone <b>253 939-2022</b>			
9. Designated Facility Name and Site Address <b>SAFETY-KLEEN SYSTEMS, INC 16540 SE 130TH AVE BLDG 8 CLACKAMAS OR 97015</b>						E. State Transporter's ID			
10. US EPA ID Number <b>ORD981756124</b>						F. Transporter's Phone			
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity	
a. <b>WASTE COMBUSTIBLE LIQUID, N.O.S. (PE- ROLEUM NAPHTHA) NA1993 PGIII (ERG#129) 6 LBS/GAL (D001, D018, D039, D040)</b>						No. <b>1</b> Type <b>DM</b>		14. Unit Wt/Vol <b>G</b>	
b.								1. Waste No. <b>D001</b>	
c.								<b>D039*</b>	
d.									
J. Additional Descriptions for Materials Listed Above <b>1(A) D018 D040</b>						K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information <b>IF UNDELIVERABLE, RETURN TO GENERATOR FOR RECYCLE EMERGENCY RESPONSE#800-468-1760 24HR 3007 98444428 0001654726 0000010280 01</b>									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name						Signature		Date Month Day Year <b>2 27 00</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature		Date Month Day Year <b>3 27 00</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials						Signature		Date Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.									
Printed/Typed Name						Signature		Date Month Day Year	

EPA Form 8700-22 (Rev. 9-88) previous editions obsolete

SAFETY-KLEEN CORP.

90290 (Rev 11/98)

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GENERATOR COPY

KCSlip4 61854  
SEA430188

INSTRUCTIONS FOR COMPLETION OF THIS FORM REFER CODE OF FEDERAL REGULATIONS 40 PART 263